

AGED AND DISABLED WAIVER PROGRAM MEDICAL NECESSITY EVALUATION REQUEST

For initial evaluation, please send to
APS Healthcare, ADW Program, 100 Capitol Street, Suite 600
Charleston, WV 25301 Fax: Toll Free Fax: 866-212-5053
For reevaluations, send to case management agency below
Please check one: ☐ Initial ☐ Reevaluation

APPLICANT/PARTICIPANT INFORMATION:

Name: _____ Date of Birth ____/____/____ Sex (check one) ☐ M ☐ F
SSN: _____ Medicaid #: _____ Medicare #: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ County of Residence: _____

Signature of Applicant/Participant

Date

LEGAL REPRESENTATIVE, GUARDIAN OR CONTACT INFORMATION: (Required if applicant/participant has Alzheimer's, dementia or a Related diagnoses)

Name: _____ Phone #: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Relation to Applicant/Participant: _____
(check one):
☐ Guardian ☐ Committee ☐ Power of Attorney ☐ Medical Power of Attorney ☐ Durable Power of Attorney ☐ Contact

Signature of Legal Representative (no signature needed if contact person)

Date

CASE MANAGEMENT AGENCY or FISCAL EMPLOYER AGENT INFORMATION: (Reevaluations Only)

Agency Name: _____ Case Manager/Resource Consultant: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____

REFERRING PHYSICIAN'S INFORMATION: (This information may be shared with the applicant/participant.)

THIS INFORMATION MUST BE LEGIBLE OR THE REQUEST WILL NOT BE PROCESSED.

Name (MD, DO, PA, Nurse Practitioner): _____ Phone #: _____ Fax #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Patient's Diagnoses and ICD-10 codes: _____

Other Pertinent Medical Conditions: _____

Does the individual have Alzheimer's, brain multi-infarct, senile dementia or a related condition: (check one) Yes ☐ No ☐

If yes, please specify: _____

Is the patient terminal? (circle one) Yes ☐ No ☐

Signature of Physician (MD, DO, PA or Nurse Practitioner; original required)

Date (valid for 60 days)